

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09783150	FILING DATE	02-14-01
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4					
TOTAL DEP.	32	↔	↔	↔		
TOTAL CLAIMS	36	████████	████████	████████	████████	

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TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS		████████	████████	████████	████████			

BEST AVAILABLE COPY